

ENDING TUBERCULOSIS IN CHILDREN

QUICK FACTS

- At least 1 million children fall ill with tuberculosis (TB) each year. Children represent about 11% of all TB cases.*
- In 2015, 210,000 children died of TB, including 40,000 TB deaths among children who were HIV positive.*
- Researchers estimate that 67 million children are infected with TB (latent TB) and are therefore at risk of developing disease in the future.**
- Researchers estimate that 25,000 children develop multidrug-resistant TB every year. **

* Global TB Report 2016 ; ** Dodd et al., 2016

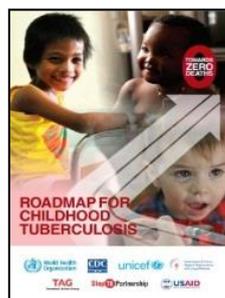
RISK FACTORS

- Any child living in a setting where there are people with infectious TB can become ill with TB, even if they are vaccinated.
- Children with vulnerable immune systems, such as the very young, HIV-infected or severely malnourished, are most at risk for falling ill or dying from TB. Risks are very high for HIV-infected mothers and children.
- Infants and young children are at increased risk of developing severe disseminated disease associated with high mortality, such as TB meningitis or miliary TB.
- Adolescents are at particular risk of developing adult type disease, i.e. often sputum smear-positive and highly infectious.
- Children with TB are often poor and live in vulnerable communities where there may be a lack of access to health care.
- Children develop TB disease usually within 1 year following infection. TB in children is an indicator of recent and ongoing transmission of *M.tuberculosis* in the community.
- Children with a known contact with drug-resistant TB are at high risk of developing drug-resistant TB.

KEY CHALLENGES

- TB illness in children is often missed or overlooked due to non-specific symptoms and lack of a sensitive and child-friendly diagnostic test (not based on sputum).
- Health workers in TB programmes and other health services often lack sufficient knowledge and capacity for prevention, diagnosis and management of childhood TB.
- Systematic screening for TB and isoniazid preventive therapy (IPT) for children under 5 years of age and children living with HIV are rarely implemented or reported.
- Lack of community knowledge and engagement.
- Until recently, no child-friendly formulations were available and there are no child formulations of second line TB drugs.
- The current TB vaccine (BCG) protects young children against the most severe forms of TB, but does not prevent the transmission of TB from an infectious contact.

CHILDHOOD TB ROADMAP: TOWARDS ZERO DEATHS



A first-ever targeted and costed roadmap with key steps to scale up the response to childhood TB and end childhood TB deaths was launched by WHO and partners on 1 October 2013 in Washington DC, USA.

The Roadmap set targets for 2020 and 2025 and listed immediate actions to be taken. The goal of reaching zero TB deaths in children as outlined in the Roadmap is within our grasp. Achieving this requires sustained advocacy, greater commitment, mobilization of increased resources and a joint effort by all stakeholders involved in providing health care for children and in TB control. It requires intensified action to get existing tools in the hands of frontline health workers, cross-sectoral collaboration and increased investment in research for new tools.

For more information please visit:

<http://www.who.int/tb/areas-of-work/children/en/>

© World Health Organization 2016

ROADMAP FOR CHILDHOOD TUBERCULOSIS

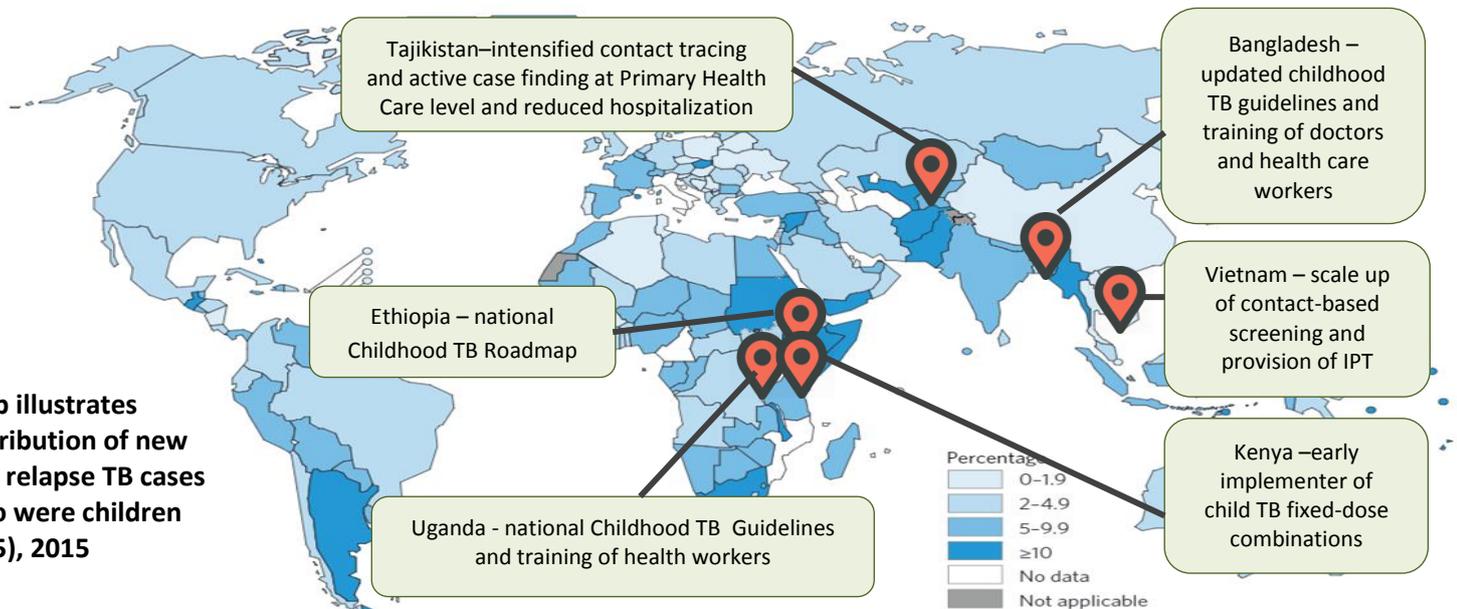


CHILDHOOD TB – A PRIORITY IN THE GLOBAL HEALTH AGENDA

- Ending TB by 2030 is a target of the United Nations Sustainable Development Goals (SDGs) and the WHO End TB Strategy. Actions to address childhood TB are a key component of both the Strategy and the SDGs to reach this target.
- Under the child survival movement's banner of A Promise Renewed, more than 180 countries signed a pledge in June 2012, vowing to redouble efforts to stop children from dying of preventable diseases, including TB.
- In 2015, Global Partners launched a renewed Call to Action to End Childhood TB.

PROGRESS IN COUNTRIES

Map illustrates distribution of new and relapse TB cases who were children (>15), 2015



CHILDHOOD TB ROADMAP: PROGRESS ON KEY ACTIONS

High profile of childhood TB at all levels

- Regional stakeholders meetings with representatives of national TB and MCH programmes, as well as national paediatric societies from high burden countries.
- Regional Childhood TB Task Forces established in Africa, the Americas, Europe and the Western Pacific regions.
- Childhood TB included in national TB plans
- Increased funding (e.g. from the Global Fund, USAID and UNITAID) to scale up the response to childhood TB.

Improved recording and reporting of data

- In 2015, 200 countries reported data disaggregated by sex and age .
- Burden and mortality estimates have improved overall including for childhood TB. Inventory studies will further refine disease burden and mortality estimates.

Training and reference materials to build and strengthen capacity of health workers

- WHO Guidance for National TB Programmes on the Management of TB in Children
- The Union and WHO childhood TB training materials, including an online interactive course for health workers.
- Assessment tools developed by WHO and the KNCV Tuberculosis Foundation.

Address research gaps

- In December 2015, the TB Alliance, WHO and global partners launched child-friendly TB Fixed-Dose Combinations.
- Children are now part of clinical trials but more efforts are needed to develop accurate diagnostic tests, child-friendly shorter regimens as well as formulations of second-line drugs, and better vaccines.